

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **6727**
1880

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St Louis b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. LENGTH OF STAY (In this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1442 N.17th, St				d. STREET ADDRESS (If rural, give location) 1442 N.17th, St			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Stewart c. (Last) Stewart				4. DATE OF DEATH (Month) (Day) (Year) 2- 24 1949			
5. SEX Male 2		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 10, 1895	
9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR Months 10 Days 14		11. IF UNDER 24 HRS. Hours 14 Mins. 14			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-self				10b. KIND OF BUSINESS OR INDUSTRY Confectionary		11. BIRTHPLACE (State or foreign country) YAZOO CITY MISS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Nathan Stewart				13b. MOTHER'S MAIDEN NAME Elnora ?		14. NAME OF HUSBAND OR WIFE Mary Stewart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Stewart 1442 N.17th, St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) 94 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 11201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 22, 1949 to Feb 24, 1949 that I last saw the deceased alive on Feb 24, 1949 and that death occurred at 6:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. Seaton M.D.				23b. ADDRESS 27 E. Franklin		23c. DATE SIGNED 26th Feb	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-1-1949		24c. NAME OF CEMETERY OR CREMATORY Greenwood, Mississippi		24d. LOCATION (City, town, or county) (State) Stoddard St	
DATE, REC'D BY, LOCAL REG. FEB 28 REG.				REGISTRAR'S SIGNATURE J.B. Jasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home 2820 Stoddard St	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Fulton E. Culkin

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.